

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>W</i>		5/1/00
O.I.P.E. CLASSIFIER			5-4-00
FORMALITY REVIEW	<i>M. M.</i>	71628	6-28-00
RESPONSE FORMALITY REVIEW	<i>M. M.</i>	71628	7-26-00

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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